Continuity of Care Work group
Clinical subgroup

Minutes 8/20/13

Subgroup Members:

| Present | Not present |
|---|---|
| John Boronow (cochair) | Ken Wireman |
| Anne Hanson (cochair) | Joel Kanter |
| Lori Doyle | Linda Raines |
| David Maina (phone) | Charles Gross |
| Ann Geddes | |
| Dan Martin | |
| Susan Stromberg (phone) | |
| Jennifer Lowther (phone) | |
| Bob Pitcher | |
| Louise Treherne | |

Other Participants:

Helen Lann
Vanessa Purnell
Sarah Rhine (phone)
Kait Roe
Ari Blum (phone)
Jamie Miller (phone)
Edgar Wiggins
Elaine Carroll
Kate Farinholt (phone)
Ruth Jordan (phone)
Silvana Dill (phone)
Nevitt Steele (phone)

DHMH Staff: Erik Roskes
Stacy Reid-Swain (phone)

The meeting was called to order at 1605. We were delayed due to some technical issues with the phone, for which we apologize. In addition, we understand that it was difficult to hear by phone. We will do what we can to accommodate those who are unable to attend in person going forward.

The minutes from the 8/13 meeting were approved.

Erik discussed briefly the new google group started for this Subgroup. The group is open as required by the MD Open Meetings act and can be found at https://groups.google.com/d/forum/maryland-dhmh-continuity-of-care-workgroup---clinical-subgroup. In addition, you can post to the group via email, at maryland-dhmh-continuity-of-care-workgroup---clinical-subgroup@googlegroups.com. I encourage all of you to join the group, as most communications will be via the group moving forward. The google

group is where responses will be directed, so if you want to be a part of ongoing discussion between meetings, that is the proper venue.

The content portion of the meeting opened with a very brief review of the "Focus Topics and Next Steps" document prepared by John Boronow (cochair). Subgroup members were asked to consider preparing presentations on topics not yet covered. So far, we have the following commitments:

- Helen Lann/Jamie Miller: Barriers and disruptions in care related to comorbid addictions, need for more sophisticated addiction approaches integrated with care for people with SMI
- Elaine Carroll: trauma informed services and hi risk individuals
- Kait – pt perspectives on barriers to care – 9/4

During this meeting, there were three presentations, which spawned much conversation and discussion. Going forward, we may wish to consider limiting the number of presentations to two per meeting to allow time for more back-and-forth.

The first presentation was by Lori Doyle, on Behavioral Health Homes. She presented power point which has been shared in the google drive and which will be forwarded again to the listerv and posted on the google group. This systemic intervention has promise for reducing cost and increasing engagement of people with serious mental health and substance abuse problems into competent medical care.

The second presentation was by Ann Geddes on some novel initiatives for the transition age youth population. The handout she provided will be loaded onto the drive and shared via google group as well. Most interesting was the Healthy Transitions Initiative that has been piloted in two counties and that appears to be highly successful in engaging this often difficult-to-engage population.

The third presentation was by John Boronow on involuntary outpatient commitment. His power point is also on google drive and has already been posted to google groups. This presentation prompted a rather vociferous debate as to the nature of involuntary commitment, with strong opinions both pro and con. Unfortunately time did not permit the debate to continue. One key point that John made and that has been underscored repeatedly in recent research is that where involuntary outpatient commitment is successful, it always comes with added resources for needed treatment and other interventions. The discussion tended toward a debate of whether a legal mandate is required if there are those added resources anyway, or if the legal mandate is more of a magic bullet that satisfies policy-makers' need to "do something" while hiding the much harder to solve problem of an inadequate array of inadequately funded services. Undoubtedly this debate will continue. However, it may be more appropriate for the Clinical Subgroup to focus more on clinical barriers and gaps and on methods to overcome and fill them, while leaving the questions of what legal interventions might be needed to other Subgroups.

The meeting ended at 1735. Next meeting will be on 8/27/13. We will try to make participation by phone more useful.

Minutes prepared by Erik Roskes